

NPM #15: The percent of very low birth weight infants among all live births.

Impact on National Outcome Measures: NPM #15 relates to National Outcome Measures #1, #2, #3, and #5. VLBW is directly related to morbidity and mortality in the perinatal period. Each of the activities identified below focuses on improving infant mortality and other perinatal indicators including the percent of very low birth weight live births.

a) Report of 2002 Major Activities

1. Title V MCH/CSHCN Program Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants

In 2002, the Title V Program funded 36 LPHDs and community based organizations. Of the 46 objectives, 38 addressed perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care and prenatal smoking cessation. For women who received Perinatal Care Coordination services 1.0% (18/1,853) gave birth to babies with very low birth weight. VLBW is directly related to the rate of preterm births and 1.4% (25/1,851) of these high risk women had births less than 32 weeks gestation and 7.7% (142/1,851) delivered at 32-36 weeks gestation.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

PNCC services are available to Medicaid-eligible pregnant women with a high risk for adverse pregnancy outcomes to ensure early and continuous prenatal care, psychosocial support, services, health and nutrition education, referral, and follow up.

In State Fiscal Year 2002 8,583 women received PNCC services from 98 providers. For a subset of women who received PNCC services, 3.1% (12/393) gave birth to babies with very low birth weight. For this same group of women, 2.8% (11/393) delivered at less than 32 weeks gestation and 8.9% delivered at 32-36 weeks.

Significant findings from linked 1999 WIC, Medicaid, and birth records identified 1) 68.5% of the women who gave birth in 1999 and received Medicaid and prenatal WIC services did not receive PNCC services, and 2) 19.2% of women who received PNCC services were not enrolled in WIC prenatally. These findings were discussed at regional WIC and PNCC meetings, and with the city of Milwaukee Health Department.

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

Planning continued for Healthy Babies in Wisconsin: A Call to Action.

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

Title V MCH/CSHCN Program staff participated in Consortia meetings at both Healthy Start sites, FIMR meetings in Milwaukee, and the Families Helping Families Gathering.

5. WAPC—Infrastructure Building Services—Pregnant women, mothers, infants

WAPC, revised and reprinted the preconception booklet, *Becoming a Parent* and reconvened the Perinatal Depression Task Force to promote screening for depression during pregnancy and the postpartum period.

6. Oral Health—Population-Based Services—Pregnant women, mothers, infants

We began to educate providers about the increased risk of preterm births from periodontal disease.

b) Current 2003 Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers and infants

For 2003, the Title V MCH/CSHCN Program funded 36 local agencies (LPHDs and community-based organizations) with 45 objectives to provide perinatal care coordination services, prenatal/postnatal education, and promotion of early entry into prenatal care and prenatal smoking cessation.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, and infants

The Title V MCH/CSHCN Program is working with the DHCF to revise the PNCC Pregnancy Questionnaire. This tool identifies women eligible for the PNCC benefit and assesses needs for ongoing services. A revised assessment tool will be strength-based, coordinated with WIC, allow for data collection, and be based on current information. Another PNCC related activity for 2003 is an educational session for case managers. In addition, Title V staff are exploring grant opportunities to enhance WIC and PNCC collaboration. Activities may include identifying barriers to participation and best practices for service delivery.

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, and infants

Healthy Babies in Wisconsin: A Call to Action, to be held July 15, 2003 in central Wisconsin will bring together 300-400 public health professionals, consumers, health care providers/HMOs, and representatives from community-based organizations. Diane L. Rowley, MD, MPH, Director for Research on Health Disparities at Morehouse College, will address the role that social forces play in the persistent racial and ethnic disparities in perinatal outcomes. Michael C. Lu, MD, MS, MPH from UCLA will present a life-course perspective on racial and ethnic disparities in birth outcomes. The life course perspective suggests that interventions need to address not only risk factors of pregnancy, but disadvantages and inequities carried over a lifetime of different experiences. Karla Damus, Medical Director at the National Office of the March of Dimes will focus on prematurity. Breakout sessions will be offered to discuss cultural and relationship issues, access and utilization of healthcare and community and system factors that impact the health of mothers and babies.

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, and infants

2002 activities continued. We will disseminate and promote the recommendations from the FIMR report and work closely with both Healthy Start Projects in the planning and sustainability of the Healthy Babies in Wisconsin summit.

5. WAPC—Infrastructure Building Services—Pregnant women, mothers, and infants

Preconception and perinatal depression efforts continued.

6. Oral Health—Population-Based Services—Pregnant women, mothers, and infants

The WAPC annual conference included a session on the "Effects of Oral Health on Pregnancy and Pregnancy on Oral Health".

c) 2004 Plan/Application

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants

Title V MCH/CSHCN Program funds will continue to be provided to local agencies that provide services and counseling to women to improve perinatal outcomes.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to work with the DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes.

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

Our long term goals to improve perinatal outcomes and eliminate disparities in infant mortality cannot be achieved with a one-day summit. Healthy Babies in Wisconsin: A Call to Action will provide an opportunity for strategic thinking and preliminary planning. Following the summit, regional forums will be held to mobilize additional partners at the local level to continue planning for solutions that are based on regional data and sustainable over time.

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

The Wisconsin Title V Program will continue its commitment to participating in the Healthy Start programs with the Milwaukee Healthy Beginnings Project and the Honoring Our Children with a Healthy Start project. An important partnership will revolve around sustaining activities following Healthy Babies in Wisconsin: A Call to Action.

5. WAPC—Infrastructure Building Services—Pregnant women, mothers, infants

Preconception care and screening for perinatal depression will continue to be important activities and warrant ongoing funding.

6. Oral Health—Population-Based Services—Pregnant women, mothers, infants

Regional Oral Health Consultants will participate in sustaining activities following Healthy Babies in Wisconsin: A Call to Action.